

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/549306**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5						
6				1		
7						
8			1			
9				1		
10						
11			1			
12				1		
13						
14				1		
15						
16				1		
17						
18				1		
19						
20				1		
21						
22				1		
23						
24				1		
25						
26			1			
27				1		
28						
29				1		
30						
31				1		
32						
33				1		
34						
35				1		
36						
37				1		
38						
39				1		
40						
41				1		
42						
43				1		
44						
45				1		
46						
47				1		
48						
49				1		
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53						
54				1		
55						
56				1		
57						
58				1		
59						
60				1		
61						
62				1		
63						
64				1		
65			1	1		
66						
67				1		
68						
69				1		
70						
71				1		
72			1			
73				1		
74						
75			1			
76				1		
77						
78				1		
79						
80				1		
81						
82				1		
83						
84				1		
85			1			
86				1		
87						
88				1		
89						
90				1		
91			1			
92				1		
93						
94				1		
95						
96				1		
97						
98				1		
99						
100						
TOTAL IND.		↓	11	↓		↓
TOTAL DEP.		←	64	←		←
TOTAL CLAIMS			69			